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Barbara Campbell National Stage Processing

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/069629

(2)(2)		CLAIMS AS	S FILED -	PART			SMA	LL EI	NTITY		OTHER	THAN
			1)	(Colur		TYPE			SMALL ENTITY			
TOTAL CLAIMS						RA	TE	FEE		RATE	FEE	
FOR NUMBER FILE		ILED	NUMBE	BASI	C FEE		OR	BASIC FEE	890			
TOTAL CHARGEABLE CLAIMS 25 minus				us 20=	* 5	X\$	9=		OR	X\$18=	90	
INDEPENDENT CLAIMS 3 =					*		X4	2=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+14	10=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TO	TAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDI	Total	*	Minus	**		=	X\$	9= ·		OR	X\$18=	
AM	Independent FIRST PRESE	* NTATION OF M	Minus ULTIPLE DEF	*** ENDEN	T CLAIM		X4	2=.		OR	X84=	
ا ا							+14	10=		OR	+280=	
8								OTAL		OR	TOTAL	
i P		(Column 1)		(Colu	mn 2).	(Column 3)	ADDIT	. ree			ADDIT. FEE	
		CLAIMS			IEST	(Column 3)	1		ADDI	1		ABBI
ENT B	Lance State Man	REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X4	2=		0.5	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM			:		OR		
							+14	· ·.		OR	+280=	
		· :					T ADDIT	OTAL FEE		ÓR	TOTAL ADDIT: FEE	·
		(Column 1)			mn 2)	(Column 3)	•	• .				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	· · ·	= .	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X4	2=		OR	X84=	
ഥ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM]			l OH		ļ
	If the entry in colu	mn 1 is less than t	: he entry in colu	 mn 2 writ	0 "0" in col	Jumn 3	. +14			OR	+280=	
**									_			
***	If the "Highest Nu "If the "Highest Nu The "Highest Num	mber Previously P mber Previously F	aid For" IN THI Paid For" IN THI	S SPACE S SPACE	is less tha	n 20, enter "20. n 3, enter "3."	ADDIT			OŖ	TOTAL ADDIT. FEE	